Optum is committed to providing you with the ICD-9-CM code update information you need to code accurately and to be in compliance with HIPAA regulations. In case of adoption of additional ICD-9-CM code changes effective April 1, 2014, Optum will provide these code changes to you at no additional cost! Just check back at www.optum.com/productalerts to review the latest information concerning any new code changes.

Codes Valid October 1, 2013, through September 30, 2014
Chapter 7: Diseases of the Circulatory System (390–459)

Coding Guidance

Very specific guidelines and instructions affect assignment of codes within this category. Pay careful attention to instruction notes in both the alphabetical index and the tabular list. Many of the conditions within this chapter are complex and interrelated. Physicians may use a variety of terms and phrases to describe a diagnosis.

Acute Rheumatic Fever (390–392)

Rheumatic fever is a debilitating occurrence mainly in children or young adults following streptococcal infection by Group A Streptococcus. Symptoms include sudden occurrence of fever and joint pain, followed by lesions of the heart, blood vessels, and joint connective tissue. Abdominal pain, skin changes, and chorea also can be present.

The instructional notes below each of the subcategories further define and clarify the subcategory. These instructional notes assist the user to assign codes accurately even when a variety of terms and phrases may be used to describe diagnosis. For example, the Included Terms” notes below category 390 indicate that the conditions rheumatic arthritis (acute or subacute), rheumatic fever (acute or active), and articular rheumatism (acute or subacute) are included in this category. “Excludes” notes under category 392 indicate that if the medical documentation states the condition to be chorea, RHD, or Marfan’s syndrome, a code from category 392 is not an appropriate assignment.

Chronic Rheumatic Heart Disease (393–398)

Heart disease as a consequence of acute rheumatic fever commonly involves damage to the heart valves during the acute phase of the streptococcal infection. ICD-9-CM makes the presumption that certain conditions of the mitral valve such as stenosis, stenosis with insufficiency, and failure of unknown etiology are of rheumatic fever origin. None of the disorders of the aortic valve are presumed to be of rheumatic origin; however, and must be specified by documentation as “rheumatic” to be classified to these categories. However, when disorders to both mitral and aortic valves are described with the terms stenosis, stenosis with insufficiency, and failure, then ICD-9-CM presumes rheumatic origin.

Hypertensive Disease (401–405)

Hypertension is the condition of abnormally elevated arterial blood pressure. The blood pressure range considered to be hypertensive varies, but most commonly a blood pressure of 140/90 mm. Hg. is considered hypertensive.

Hypertension is classified using three axes: first, by type (i.e., primary or secondary); second by a nature of hypertension (i.e., benign, malignant, or unspecified); and third indicates associated heart disease, renal disease, or both heart and renal disease. Refer to instructional notes in coding hypertension. There are many diagnostic terms used to describe the types of hypertension.

Hypertensive heart disease is assigned to category 402. Chronic elevated blood pressure often produces changes in the heart myocardium as a result of the increased workload against the elevated blood pressure in the vessels. Hypertensive heart disease includes cardiomegaly, cardiopathy, cardiovascular disease, and heart failure. The first axis of coding is the kind of hypertension (i.e., malignant, benign, or unspecified). The second axis indicates hypertension, with or without heart failure.

In order to assign a code from the 402 category, the diagnostic statement must indicate a causal relationship between the hypertension and the heart disease. Phrases such as “due to hypertension” and “hypertensive” indicate a causal relationship. For example, hypertensive heart disease without heart failure, unspecified, is coded 402.9.

A diagnostic statement “with hypertension” does not indicate a causal relationship between the heart disease and the hypertension and the combination code 402 is inappropriate. In this case, code the heart disease and the hypertension separately. For example, congestive heart failure with hypertension, unspecified, is coded 426.0, 401.9.

Heart disease in combination with an associated hypertensive heart condition classifiable to 410, 413.9–413.1, 429.6, 429.9 is presumed by ICD-9-CM to be hypertensive. For example, congestive heart failure with unspecified hypertensive cardiovascular disease is coded 420.91.

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Heart disease in combination with an associated hypertensive heart condition classifiable to 410, 413.9–413.1, 429.6, 429.9 is presumed by ICD-9-CM to be hypertensive. For example, congestive heart failure with unspecified hypertensive cardiovascular disease is coded 420.91.

A causal relationship between hypertension and kidney disease is assumed when the diagnostic statement indicates both conditions, even though the statement does not specify hypertensive kidney disease. Hypertensive chronic kidney disease is assigned to the category 403. Fourth-digit assignment, as with other hypertension subcategories, indicates malignant (0), benign (1), or unspecified (9). Fifth-digit assignment is indicated without mention of chronic kidney disease (0) or with chronic kidney disease (1). To report chronic renal insufficiency (CRI) with hypertension, assign 403.9. Hypertensive chronic kidney disease stage I (through stage IV) or unspecified and code 585.9 Chronic kidney disease, unspecified.

Category 404 includes conditions of hypertensive heart and kidney disease. This category is reviewed when the diagnostic statement indicates both hypertensive heart disease (402) and hypertensive kidney disease (405). Fifth-digit assignment in this category indicates the presence of congestive heart failure, chronic kidney disease, both conditions, or neither. Assign codes from combination category 404 Hypertensive heart and kidney disease, when both hypertensive kidney disease and hypertensive heart disease are stated in the diagnosis. Assume a relationship between the hypertension and the kidney disease, whether or not the condition is so designated.

A patient may have an elevated blood pressure reading during an outpatient visit without having a known diagnosis of hypertension. In this situation, code 790.2, which describes an elevated blood pressure reading that may be the result of emotional problems or stress. This diagnosis code can be found in the alphabetic index under the main term “Elevated blood pressure,” “reading,” and “no diagnosis of hypertension.”

For hypertensive cerebrovascular disease, first assign codes from 430–438 Cerebrovascular disease, then the appropriate hypertension code from categories 401–405.

Hypertensive nephropathy requires two codes to identify the condition. First assign the code from subcategory 362.11 Hypertensive retinopathy, then the appropriate code from categories 401–405 to indicate the type of hypertension.

Secondary hypertension defined as high blood pressure due to or with a variety of primary diseases requires two codes: one to identify the underlying etiology and one from category 405 to identify the hypertension.

The terms “controlled” or “uncontrolled” hypertension refer to whether the hypertension is responding to current therapeutic regimen or not. In either case, code to the type of hypertension, and assign an appropriate code from categories 401–405.
428.43–431 Diseases of the Circulatory System

428.43 Acute on chronic

429.0 Myocarditis, unspecified

429.1 Myocardial degeneration

429.2 Cardiomyopathy

429.3 Cardiomegaly

429.4 Functional disturbances following cardiac surgery

429.5 Rupture of chordae tendineae

429.6 Rupture of papillary muscle

429.7 Certain sequelae of myocardial infarction, not elsewhere classified

429.8 Other ill-defined heart diseases

429.9 Heart diseases, unspecified

430 Subarachnoid hemorrhage

431 Intracerebral hemorrhage
### Tabular List

**Diseases of the Circulatory System**

#### 432–437.0

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>432</td>
<td>Other and unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>432.0</td>
<td>Nontraumatic extradural hemorrhage</td>
</tr>
<tr>
<td>432.1</td>
<td>Subarachnoid hemorrhage</td>
</tr>
<tr>
<td>432.2</td>
<td>Unspecified intracranial hemorrhage</td>
</tr>
<tr>
<td>433</td>
<td>Occlusion and stenosis of precerebral arteries</td>
</tr>
<tr>
<td>433.0</td>
<td>Basilar artery (0-1)</td>
</tr>
<tr>
<td>433.1</td>
<td>Carotid artery (0-1)</td>
</tr>
<tr>
<td>433.2</td>
<td>Vertebrobasilar artery (0-1)</td>
</tr>
<tr>
<td>433.3</td>
<td>Multiple and bilateral (0-1)</td>
</tr>
<tr>
<td>433.4</td>
<td>Other specified precerebral artery (0-1)</td>
</tr>
<tr>
<td>433.5</td>
<td>Unspecified precerebral artery</td>
</tr>
<tr>
<td>434</td>
<td>Occlusion of cerebral arteries</td>
</tr>
<tr>
<td>434.0</td>
<td>Cerebral thrombosis</td>
</tr>
<tr>
<td>434.1</td>
<td>Cerebral embolism</td>
</tr>
</tbody>
</table>

**Notes:**
- Requires fifth digit: Valid digits are in brackets [ ] under each code. See appropriate category for codes and definitions.
- Hospice non-cancer Dx (433.9)
ICD-10-CM Coding and Documentation Proficiency
Self-Assessment

Introduction
This self-assessment covers ICD-10-CM coding guidance and the required level of detail for clinical documentation of heart disease, diabetes, and pneumonia. These high-volume diagnoses have numerous coding guidelines and documentation requirements. The assessment also covers ICD-10-CM conventions that are new or problematic. Use this self-assessment to identify the areas that may require additional coding training or documentation improvement before ICD-10-CM is implemented on October 1, 2014.

Instructions
Code assignments are based upon the 2012 ICD-10-CM diagnosis code set for all reportable diagnoses, including external causes of morbidity (V00–V99), as appropriate, according to the instructions in ICD-10-CM conventions and the 2012 ICD-10-CM Draft Official Guidelines for Coding and Reporting. Answer each question based on the information provided. Note that for some questions, the codes in the answer are not based upon the information provided, requiring that the provider be queried for specific information because the documentation is insufficient to assign codes correctly.

Self-Assessment Questions

1. In ICD-10-CM what are the two anatomical classifications of pneumonia and the sites of the lung affected by each?

   - A Assign J18.9 Pneumonia, unspecified organism.
   - B Documentation does not follow guidelines and/or the physician must be queried to determine the following:
     • Clinical significance of the chest x-ray
     • Clinical significance of the sputum results

3. What is the appropriate diagnosis code assignment(s) for ESRD due to type 1 diabetes on chronic dialysis via right arm AV shunt and hypertension as documented by the provider?
   Code assignment:___________________________

4. Attending admission note: Patient is a 42-year-old female who presents with diabetes and hypoglycemia.
   - A Assign E11.649 Type II diabetes mellitus with hypoglycemia.
   - B Documentation does not follow guidelines and/or the physician must be queried to determine the following:
     • Type of diabetes mellitus
     • Cause of the hypoglycemia

5. Assign the appropriate code(s) for a diagnosis by the provider of postobstructive pneumonia, right middle lobe, due to hilar lung cancer right lobe when the treatment is directed only toward the pneumonia as documented in the admission note by the resident.
   Code assignment:___________________________

6. Assign the appropriate code(s) for a patient diagnosed by the provider with community-acquired pneumonia who presented with hemoptysis, productive cough, fever, and an increased respiratory rate with sputum culture stain showing gram-negative bacilli.
   Code assignment:___________________________

   - A Assign J95.851 Ventilator associated pneumonia, B96.1 Klebsiella pneumoniae as the cause of diseases classified elsewhere, and Z99.11 Dependence on respirator (ventilator) status.
   - B Documentation does not follow guidelines and/or the physician must be queried to determine the following:
     • Clinical significance of the sputum results
     • Pneumonia: present on admission or post admission

8. Assign the appropriate diagnosis code(s) for diabetes II with Charcot joint, left hallucis with ulcer, with dry gangrene and with chronic osteomyelitis. The patient is admitted for amputation due to osteomyelitis documented in the surgeon’s admission note.
   Code assignment:___________________________

9. What is the appropriate code assignment for a diagnosis of ischemic cardiomyopathy and coronary artery disease, as documented by the provider?
   Code assignment:___________________________

10. Discharge summary: Patient was admitted from the ED for work-up of precordial chest pain, elevated troponin; history of CABG, congestive heart failure, hypertension. Final diagnosis: ASCAD with chronic heart failure. The patient underwent left heart catheterization showed clean vein and mammary grafts with 90% atherosclerotic stenosis of the native LAD portion. Plans are for future coronary angioplasty as an outpatient. Continue Lasix, Norvasc, and Nitrolingual.
    - A Assign I25.110 Atherosclerotic heart disease of native coronary artery without heart failure, I50.9 Heart failure, unspecified, Z95.1 Presence of aortocoronary bypass graft.
    - B Documentation does not follow guidelines and/or the physician must be queried to determine the following:
      • Description of relationship between the hypertension and congestive heart failure
      • Type of congestive heart failure

11. What is the appropriate diagnosis code assignment for the postobstructive pneumonia, right middle lobe, due to hilar lung cancer right lobe when the treatment is directed only toward the pneumonia as documented in the admission note by the resident?
    Code assignment:___________________________

2013 ICD-10-CM
Selection and Assignment of OASIS Diagnoses

Chart C—Home Health Correct Coding Protocol:

Selection and Assignment of Secondary Diagnoses

This flowchart is used to select the proper secondary diagnosis code, i.e., a V code or an ICD-9-CM numeric code. It is a series of questions with "yes" and "no" responses along with actions associated with each response.

General Directions for Chart C

1. Selection of the secondary diagnosis is to be based on the patient’s clinical condition and NOT on the case mix status of the diagnosis.
2. Each secondary diagnosis should be assigned according to the seriousness of the patient’s condition.

Start C

Question 1: Is the selected secondary diagnosis a V code?

If yes, report the etiology code in M0240(b), report the manifestation code in M0240(c), and return to Start A.

If no, answer follow-up question: Is the selected secondary diagnosis part of an etiology/manifestation pair?

If no, report the numeric diagnosis in M0240(b) and return to Start A.

If yes, report the etiology code in M0240(b), report the manifestation code in M0240(c), and return to Start A.

If the answer to Question 1 “Is the selected secondary diagnosis a V code?” was “yes,” then go to Question 2.


If no, do not report the V code and return to Start A.

If yes, go to Question 3.

Question 3: Is the V code replacing a case mix diagnosis?

If no, report the V code in M0240(b) and return to Start A.

If yes, go to Question 4.

Question 4: Is the V code replacing an etiology/manifestation pair?

If no, report the V code in M0240(b) and numeric non-case mix diagnosis (if applicable) in M0240(c), and return to Start A.

If yes, report the etiology code in M0240(b), report the manifestation code in M0240(c), and return to Start A.